

Manure Transfer Practice Standard (634)

MANURE APPLICATOR:

Field Office: _____ County: _____

Applicant Name: _____ Phone number(s): _____

Mailing Address: _____

Legal Description of Application Area: _____

Manure Application Method: _____
(manure spreader, sprinkler, injection, etc.)

***Requirement: Application area has a written Comprehensive Nutrient Management Plan.**

Applicator's Certification _____ Date: _____
(signature)

SELLER INFORMATION:

Seller Name _____ Date Sold: _____

Tons of Manure (attach written certification from seller, including copy of weight tickets). _____ tons

Manure Production Location: _____ County. Section _____ Township _____ Range _____

Manure Produced in: Nutrient Limited or Scenic River Watershed _____
(Enter Name of NLW or Scenic River)
Non-nutrient Limited Watershed _____

Type of Manure: Swine Beef Cattle Dairy Cattle Poultry Other: _____

Seller's Certification _____ Date: _____
(signature)

NRCS CERTIFICATION:

Haul Distance from manure producer to application area: _____ miles

Certified by: _____ Date: _____